

05/05/2023

DATE OF APPLICATION  
05/30/2023**Marriage License**

State of Michigan

STATE FILE NO.

2023M-0031

LOCAL FILE NO.

DATE CERTIFICATE FILED

To any person legally authorized to solemnize marriage, the marriage must be solemnized in the State of Michigan on or before **06/06/2023**

COUPLE

PARENTS

**ANDREW RAY KMETZ IV**

FULL NAME (First, Middle, Last)

☒ MALE ☐ FEMALE**KMETZ**

SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT

**34****07/17/1988**

PRESENT AGE

DATE OF BIRTH

**MUNSTER, IN**

BIRTHPLACE - CITY AND STATE

**714 E FOSTER ST.**

RESIDENCE NO.

STREET

**LUDINGTON, MI 49431**

CITY, STATE, AND ZIPCODE

**MASON****NONE**

RESIDENCE COUNTY

TIMES PREVIOUSLY MARRIED

**ANDREW RAY KMETZ III**

FULL NAME (First, Middle, Last)

**KMETZ****IN**

SURNAME AT BIRTH

BIRTHPLACE

**TERESA ANN KMETZ**

FULL NAME (First, Middle, Last)

**KIDWELL****KY**

SURNAME AT BIRTH

BIRTHPLACE

and

**JACQUELYN NICOLE BABINSKI**

FULL NAME (First, Middle, Last)

☐ MALE ☒ FEMALE**BABINSKI**

SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT

**31****06/07/1991**

PRESENT AGE

DATE OF BIRTH

**FARMINGTON HILLS, MI**

BIRTHPLACE - CITY AND STATE

**714 E FOSTER ST.**

RESIDENCE NO.

STREET

**LUDINGTON, MI 49431**

CITY, STATE, AND ZIPCODE

**MASON****NONE**

RESIDENCE COUNTY

TIMES PREVIOUSLY MARRIED

**BROOK ALLEN HICKMAN**

FULL NAME (First, Middle, Last)

**HICKMAN****MI**

SURNAME AT BIRTH

BIRTHPLACE

**DENISE ELAINE CARSON**

FULL NAME (First, Middle, Last)

**BABINSKI****MI**

SURNAME AT BIRTH

BIRTHPLACE

Based on the affidavit filed in this office, I hereby grant this marriage license on

**05/05/2023**

(Month, Day, Year)

*Cheryl Kelly*

CHERYL KELLY, CLERK

MASON

*Ashley Miller*

DEPUTY CLERK

MASON

**Certificate of Marriage**

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in

marriage in Marion Township County of Charlevoix Michigan,  
CITY, VILLAGE, TOWNSHIPon the 20th day of May A.D. 20 23, in the presence of*Rev. Jonathan David Mays*

SIGNATURE OF OFFICIANT/CERTIFIER

*Rev. Jonathan David Mays*

NAME AND TITLE OF OFFICIANT/CERTIFIER (TYPE OR PRINT)

409 Prospect St, Charlevoix MI 49720

FULL MAILING ADDRESS OF OFFICIANT/CERTIFIER

*Nicole Carson*

SIGNATURE OF WITNESS

*Natalie Carson*

SIGNATURE OF WITNESS

*Nicole Carson*

NAME OF WITNESS (TYPE OR PRINT)

*Natalie Carson*

NAME OF WITNESS (TYPE OR PRINT)

*Andrew Ray Kmetz IV*

SIGNATURE OF SPOUSE

*Jacquelyn Nicole Kmetz*

SIGNATURE OF SPOUSE

*Andrew Ray Kmetz IV*

PRINTED NAME OF SPOUSE

*Jacquelyn Nicole Kmetz*

PRINTED NAME OF SPOUSE

DCH-0482 (Rev. 11-18) By Authority of MCL 551.102



I, CHERYL KELLY, Clerk of the Circuit Court of said County of Mason do hereby certify that this document is a true copy of the record now on file in the office of the Clerk of said County and Court. IN TESTIMONY WHEREOF. I have hereunto set my hand and official seal at the city of Ludington.

*Cheryl Kelly*

Cheryl Kelly, Clerk

Issued this 8 day of June 2023.  
**SP05464683**

VRHDS11 (12/12) Authority: MCL 333.2882

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.**